



**METROPOLIS OF DETROIT PHILOPTOCHOS
PARTNERS IN PHILANTHROPY
GRANT APPLICATION**

Date_____

CLIENT INFORMATION:

NAME:_____

ADDRESS: _____

PHONE: _____

GENDER: MALE_____FEMALE_____ AGE_____

CHAPTER INFORMATION:

CHURCH:_____

ADDRESS:_____

CHAPTER PRESIDENT:_____

SIGNATURE:_____

PARISH PRIEST:_____

SIGNATURE:_____

REASON FOR REQUEST:_____

AMOUNT OF REQUEST:_____

AMOUNT GRANTED:_____

**Mail all applications to: Metropolis of Detroit Philoptochos, Partners in Philanthropy,
2647 Sequoia Parkway, Ann Arbor, MI 48103**